Department of Mechanical Engineering PETITION FOR EXCEPTION TO ME DEGREE REQUIREMENT

Last Name	First Name		Class	ID Number
Local Address			Local Phone Number	
Home Address			Email Address	
Description by student	of exception requested.			
Comments by advisor (optional).			
Applicant Signature			Approved by	Advisor
Approved by Director of	of Undergraduate Studies	Date		
Approved by Departme	ent Chair	Date		